NORTH CAROLINA COMMISSION FOR MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE ABUSE SERVICES

Advisory Committee Minutes Clarion Hotel 320 Hillsborough Street Raleigh, NC

Wednesday, July 21, 2010

Attending:

Commission Members:

Larry Pittman, John R. Corne, Dr. Thomas E. Gettelman, Dr. John J. Haggerty, Jr., Dr. Ranota T. Hall, A. Joseph Kaiser, Nancy Moore, Beverly Morrow, Dr. Greg Olley, John Owen, Elizabeth Ramos

Excused:

Phillip Mooring, Dr. Diana Antonacci, Don Trobaugh

Division Staff:

Steven E. Hairston, W. Denise Baker, Amanda Reeder, Andrea Borden, John Harris, Janice White, Mabel McGlothlen, Yvonne French

Others:

Deanna Janus, Sandra Farmer, Bob Hedrick, Sam Hedrick, Tara Fields, Iris Green

Handout:

NC Commission for MH/DD/SAS: Advisory Committee – 2010 Priority Areas, Access to Healthcare Report Timeline and Expectations

Call to Order

The meeting was called to order by Larry Pittman, Chairman, Advisory Committee, at approximately 1:50 p.m. Mr. Pittman welcomed the members of the Advisory Committee, requested a moment of reflection, and issued the ethics awareness and conflict of interest reminder. Dr. Ranota Hall stated that she is the Medical Director at Value Options and recused herself from Local Management Entity (LME) related discussions.

Upon motion, second, and unanimous vote, the Advisory Committee approved the minutes of the April 21, 2010 Advisory Committee Meeting.

Mr. Pittman stated that at the April 21, 2010 meeting, the committee was challenged to pick three subject matter areas to focus upon. The committee selected Workforce Development, Veterans Access to Mental Health, Developmental Disabilities and Substance Abuse Services, with a focus on Traumatic Brain Injury and Community Support Services, with an emphasis on Critical Access Behavioral Health Agencies ("CABHA"). Mr. Pittman stated that each member was told to inform staff before the meeting which subcommittee the member would like to participate in. Mr. Pittman then announced the membership of each subcommittee. Mr. Pittman introduced the handout, the NC Commission for MH/DD/SAS: Advisory Committee – 2010 Priority Areas, Access to Healthcare Report Timeline and Expectations, and asked that the document be approved.

Upon motion, second, and unanimous vote, the Advisory Committee approved the timeline guide with the exception that if any workgroup needed more time they could request an extension from the Advisory Committee.

Following the assignment of the members to the workgroup, the subcommittees went into their respective breakout sessions until 3:25 pm, agreeing that they would reconvene to identify the individual chairs for each subcommittee and give an update on their activities.

Upon reconvening the meeting, Mr. Pittman asked that each subcommittee give an update on its discussion in the meeting, including all identifiable goals, outcomes and the name of the subcommittee chair. The reports were as follows:

CABHA

Dr. Thomas Gettelman stated that he was chosen as the subcommittee chairperson for this workgroup. Dr. Gettelman stated that the subcommittee has identified four areas to focus on getting additional information about and the group will then discuss how they wish to move forward. The four areas are as follows: 1) identification of any unintended consequences from the Implementation of CABHA; 2) specific data from the CABHAs, including where the agencies are located and what services each of the CABHAs provide; 3) the kind of services that individual consumers are receiving within the CABHAs to help with cost modeling and cost structure; and 4) the number of certified CABHAs that have a psychiatrist as their medical director. Dr. Gettelman added that the subcommittee discussed other focal areas, including training and service definitions. Dr. Gettelman stated that the group hopes to be able to identify service gaps created by the implementation of CABHAs.

Workforce Development

Dr. Greg Olley gave the report on the subcommittee's session. Dr. Olley stated that the group discussed the possibility of Phillip Mooring serving as chair to the group and agreed to ask Steve Hairston to contact Mr. Mooring regarding his willingness to do so. Dr. Olley stated that Mr. Hairston had completed a survey regarding the status of the recommendations from the Workforce Development Initiation Report previously issued by the Commission. The group did not feel it could make the decisions regarding the goal of the group due to the absence of several subcommittee members.

Dr. Olley further reported that the group decided to reconvene within two weeks; all subcommittee members who could not attend the meeting would be able to participate via teleconference. Dr. Olley stated that the subcommittee will extend an invitation to the NC Council on Developmental Disabilities to participate in the meeting. The group would like to have a summary of what has already been done in this area before they make decisions regarding the group's priority areas. Mr. Hairston suggested that the group look closely at Recommendation Number 2 in the prior report, which states, "Create a consistent means to identify data and other information about the status of the North Carolina public mental health, developmental disabilities and substance abuse services workforce as a quality improvement function and report annually to policy makers". Dr. Olley further stated that there is a possibility that The NC Center for Public Policy Research can assist the subcommittee with this process.

Traumatic Brain Injury (TBI)

Dr. Ranota T. Hall and John Owen reported that they would serve as co-chairs of the subcommittee. Janice White and John Harris of the Division of Mental Health, Developmental Disabilities and Substance Abuse Services, and Sandra Farmer, President of the Brain Injury Association of NC, will serve as advisors to the group. Dr. Hall stated that the group has

identified the following two key areas to target: 1) ensuring accurate and appropriate diagnoses of individuals with TBI; and 2) ensuring proper access to services across the board for individuals with TBI. Dr. Hall added that the subcommittee engaged in conversation about some overlap with mental health issues in individuals with TBI. Dr. Hall stated that the scope of the subcommittee's charge was to narrow its focus to veterans' needs. Dr. Hall noted that the subcommittee is aware that veterans must receive community treatment as well; therefore, the subcommittee will focus on treatment available for those with TBI within the community.

Ms. Farmer and Ms. White provided information to the subcommittee which contained data relating to individuals diagnosed with TBI in North Carolina; however, the data did not list veterans specifically. Mr. Harris informed the subcommittee that North Carolina has the fourth highest population of veterans in the nation. Everyone present at the meeting agreed that there are service gaps in the community for treating TBI.

Dr. Hall stated the group also identified the following research needs: 1) statistics on veterans diagnosed with TBI; 2) best practice data on the assessment and treatment of individuals with TBI; 3) a gap analysis for what is currently available, as well as where those treatments are located within the state; and 4) identifying any untapped federal funds available for TBI treatment of veterans. Dr. Hall stated that the subcommittee's ultimate goals are to recommend routine screening and assessments for individuals with TBI, to consider the role of CABHA in the screenings and access needs, and integrate care of veterans with TBI.

Mr. Pittman asked that the workgroups keep him abreast by adding him to the distribution list of the workgroups. Ms. Baker also asked each group to keep its staff support person informed of all outside meetings, as well as correspondence and any reference material that is being used by the group.

Public Comment

There were no public comments.

There being no further business, the meeting adjourned at 3:40 p.m.